000139166

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 March 15, 2009 Expires:

Estimated average burden hours per response. 4.00

SEC Mail Processing Section

MAR 16 2009

UNIFORMEDIMITED OFFERING EXEMI	
Name of Offering (check if this is an amendment and name has changed, and indicate changed Limited Partnership Interests in Kilimanjaro Fund I, L.P.	aningion, DC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: Amendment	n 4(6) ULOE 120
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Kilimanjaro Fund I, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 18 Marshall Street, Suite 112, Norwalk, Connecticut 06854	Telephone Number (Including Area Code) 203-965-6556
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private investment partnership that seeks to profit through investments in securities and other financial in	istruments.
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	olease spo
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: 0 9 0 3 Actual Estim Surisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that per initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T.	FR 239.500T) or an amendment to such a iod, an issuer also may file in paper format an
Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Reguseq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offsecurities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or ce Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20	offering. A notice is deemed filed with the U.S. ne address given below or, if received at that partified mail to that address.
Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only any changes thereto, the information requested in Part C, and any material changes from the information Feat E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.	manually signed. The copy not manually signed report the name of the issuer and offering,
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate each state where sales are to be, or have been made. If a state requires the payment of a fee as a period in the proper amount shall accompany this form. This notice shall be filed in the appropriate samples Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION	e notice with the Securities Administrator in precondition to the claim for the exemption, a
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or ☐ Beneficial Owner Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Kilimanjaro Advisors, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 18 Marshall Street, Suite 112, Norwalk, Connecticut 06854 General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Stegelmann, Murry Business or Residence Address (Number and Street, City, State, Zip Code) 18 Marshall Street, Suite 112, Norwalk, Connecticut 06854 General and/or Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Executive Officer Beneficial Owner Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person and sales or state, list the name of the broker or dealer. John or agent of a broker or dealer greated with the SEC and/or with a state or states, list the name of the broker or dealer. John or agent of a broker or dealer greated with the SEC and/or with a state or states, list the name of the broker or dealer. John or agent of a broker or dealer greated with the SEC and/or with a state or states, list the name of the broker or dealer. John or agent of a broker or dealer greated with the SEC and/or with a state or states, list the name of the broker or dealer. John or agent of a broker or dealer greated with the SEC and/or with a state or states, list the name first, if individual States) 5. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers 6. Check "All States" or check individual States) 6. All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers 7. Check "All States" or check individual States) 8. All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers 8. Check "All States" or check individual States) 8. All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers 9. Check "All States" or check individual States) 9. All States in Which Person Listed Has Solicited or Intends to Solicit Purchase				art Birtha		B. IN	IFORMATI	ON ABOU	r offeri	NG				10 miles
Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual?	1	Uac the	iceuer cold	or does th	e issuer in	tend to sel	I to non-ac	credited in	vestors in	this offeri	ng?		Yes □	No 7 1
2. What is the minimum investment that will be accepted from any individual? \(\text{Yes} \) No \(\text{Z} \) \(\text{Sobole to offering permit joint ownership of a single unit? \(\text{Z} \) \(Later the information requested for each person who has been or will be paid or given, directly or indirectly, any summission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or a gent of a broker or dealer, you may set forth the information for that broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	1.	rias tile	issuei soiu	, or does in										•
3. Does the offering permit joint ownership of a single unit?	2.	What is	the minim	um investm									\$_ 175,0	00
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or check individual) NA Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, so may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC F. GA HI DD TI IN ITA	3.												V	Ш
N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ALL AK AZ AR CA CO CT DE DC FL GA HI ID II. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NI NM NY NC ND DH OK OR PA RI SC SD TN TX UT YT YA WA WY WY WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) N/A Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) All States ALL AK AZ AR CA CO CT DE DC FL GA HI ID III. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NI NM NY NC ND OH OK OR PA RI SC SD IN TX UT YT VA WA WW WY WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	4.	commis If a pers	sion or simi on to be list Llist the na	lar remune ed is an ass me of the b	ration for sociated per roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	rs in conne er or dealer (5) person	ction with registered s to be liste	sales of sec l with the S ed are asso	urities in th EC and/or	ne offering. with a state		
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		•	Last name f	first, if indi	vidual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States)			Residence	Address (N	umber and	l Street. Ci	tv. State, Z	ip Code)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Dus	Silicss Of	Residence	rtuuress (14	umoer uma		,, 2, –							
All States All States All States All States All States All AK AZ AR CA CO CT DE DC EL GA HI ID III IIN IA KS KY IA ME MD MA MI MN MS MO MT NE NY NH NI NM NY NC ND OH OK GR PA RI SC SD TN TX UT YT VA WA WY WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States AZ AR CA CO CT DE DC FL GA HI ID ID ID ID ID ID ID	Nai	me of Ass	sociated Br	oker or De	aler									
AL AK AZ AR CA CO CT DE DC FL GA HI ID III IIN IA KS KY TA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RL SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) All States (Check "All States" or check individual States) — All States Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) All States AL AK AZ AR CA CO CT DE DC FL GA HI ID III IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
II. IN ITA KS KY ITA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WY WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		(Check	"All States	" or check	individual	States)							☐ All	States
MTI NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FI GA HI ID III. IN IIA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HL	ID
Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		IL	IN											
Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		LKI	LSCI	CSDI	LINI	لمت	تبي	لـــــــــــــــــــــــــــــــــــــ	تمین	UNA.				
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			Last name	first, if ind	ividual)		,							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, Z	Zip Code)						
(Check "All States" or check individual States)	Na	me of As	sociated Br	oker or De	aler							-		
AL AK AZ AR CA CO CT DE DC FL GA HI ID IIL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Sta	tes in WI	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
III IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WY WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		(Check	"All States	" or check	individual	States)			••••••				☐ Al	l States
IIL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ID
RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								ME						
Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		LRL	LSCJ	LSD	ITN	LTXJ	LUTJ	LYTI	LVAJ	LW.A.I	1 W V	LWI.	LW_X.)	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		,	Last name	first, if ind	ividual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	NI	of A o	as sisted D	okar or Da	aler									
(Check "All States" or check individual States)	Na	me of As	sociated Di	oker of De	aici									
(CHECK AN States of Check marvidus states)	Sta													1 Ctataa
		(Check	"All States	s" or check	individual	States)								
													HI	ID
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA														
MT NE NY NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR														

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	0	\$ 0
	Equity	0	\$ O
	Common Preferred	, , , , , , , , , , , , , , , , , , , ,	
	Convertible Securities (including warrants)		\$
	Partnership Interests	500,000,000	\$_135,564,400
	Other (Specify)	0	\$ <u>0</u>
	Total	500,000,000	\$_135,564,400
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	37	§ 135,564,400
	Non-accredited Investors	0	\$_ 0
	Total (for filings under Rule 504 only)	0	\$ <u>0</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	N/A	\$ <u>0</u>
	Regulation A	N/A	\$_0
	Rule 504	N/A	\$ <u>0</u>
	Total	N/A	\$ <u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs	<u>v</u>	
	Legal Fees	<u>V</u>	
	Accounting Fees		§_8,000
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)		_]
	Other Expenses (identify)		5,000
		u.	_
	Total		§ 35,000

Column Totals	person. If this notice is texchange Commission aragraph (b)(2) of Ru	\$s filed under Ru on, upon writte	\$\frac{499,965,000}{9,965,000}\$ le 505, the following
Total Payments Listed (column totals added) D. FEDERAL SIGNATU issuer has duly caused this notice to be signed by the undersigned duly authorized pature constitutes an undertaking by the issuer to furnish to the U.S. Securities and information furnished by the issuer to any non-accredited investor pursuant to pater (Print or Type) Signature	person. If this notice is texchange Commission aragraph (b)(2) of Ru	s filed under Ru on, upon writte ale 502.	\$\frac{499,965,000}{9,965,000}
Total Payments Listed (column totals added) D. FEDERAL SIGNATUL issuer has duly caused this notice to be signed by the undersigned duly authorized pature constitutes an undertaking by the issuer to furnish to the U.S. Securities and information furnished by the issuer to any non-accredited investor pursuant to p	person. If this notice in Exchange Commission aragraph (b)(2) of Ru	s filed under Ru on, upon writte ale 502.	\$\frac{499,965,000}{9,965,000}\$ le 505, the following the
Total Payments Listed (column totals added)		\$	✓ \$ 499,965,000
Total Payments Listed (column totals added)		\$	✓ \$ 499,965,000
Other (specify):		\$	<u></u> \$
Working capital		\$	\$\frac{499,965,000}{}
Repayment of indebtedness		\$	<u> </u>
offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			
		\$	\$
Purchase of real estate		\$	\$
Salaries and fees			¥
proceeds to the issue, but form in response to 1 and 2		Payments to Officers, Directors, &	Payments to Others
each of the purposes shown. If the amount for any purpose is not known, furnicheck the box to the left of the estimate. The total of the payments listed must equa	sh an estimate and		
and total expenses furnished in response to Part C — Question 4.a. This difference is	the "adjusted gross		\$
a p I e c p S H H a C A C i i H V	nd total expenses furnished in response to Part C — Question 4.a. This difference is proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or propact of the purposes shown. If the amount for any purpose is not known, furnisheck the box to the left of the estimate. The total of the payments listed must equal proceeds to the issuer set forth in response to Part C — Question 4.b above. Purchase of real estate — Purchase, rental or leasing and installation of machinery and equipment — Construction or leasing of plant buildings and facilities — Acquisition of other businesses (including the value of securities involved in the offering that may be used in exchange for the assets or securities of another such purchase and indebtedness — Repayment of indebtedness — Working capital — Workin	nd total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and heck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Question 4.b above Question 4.b above	nd total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and heck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers, Directors, & Affiliates Purchase of real estate — \$ Purchase, rental or leasing and installation of machinery and equipment — \$ Construction or leasing of plant buildings and facilities — \$ Acquisition of other businesses (including the value of securities involved in this

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		Yes	No Z
	See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this D (17 CFR 239.500) at such times as required by state law.	s notice is file	ed a no	otice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written reques issuer to offerees.	st, informatic	n fur	nished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the of this exemption has the burden of establishing that these conditions have been satisfied.	ed to be entit issuer claim	led to ing th	the Uniform e availability
	suer has read this notification and knows the contents to be true and has duly caused this notice to be signed uthorized person.	on its behalf	by the	undersigned
Issuer ((Print or Type) Signature Date			-
Kiliman	anjaro Fund I, L.P. March	13, 2009		

Title (Print or Type)

Duly Authorized Person

E, STATE SIGNATURE

Name (Print or Type)

Irwin M. Latner, Esq.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1			7	390 F x 2 - 10 pm 30 30 30 30 30		4			
1	Intendation to non-a	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part		Disqual under Sta (if yes, explana waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) Yes No	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО						11			
CT		✓	\$500,000,000	5	\$18,042,633	0	0		✓
DE									
DC		1	\$500,000,000	1	\$275,000	0	0		✓
FL		1	\$500,000,000	5	\$16,883,704	0	0		✓
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI		✓	\$500,000,000	10	\$49,380,000	0	0		✓
MN		✓	\$500,000,000	3	\$1,733,063	0	0		✓
MS									

7 of 9

	170			APP	ENDIX					
1	Intend to non-a	2 I to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО					2.221					
МТ										
NE										
NV	-411	1	\$500,000,000	1	\$22,000,000	0	0		✓	
NH										
NJ										
NM	- 411									
NY		✓	\$500,000,000	3	\$950,000	0	0		✓	
NC		✓	\$500,000,000	1	\$175,000	0	0		✓	
ND								ļ		
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX		✓	\$500,000,000	7	\$25,575,000	0	0		✓	
UT										
VT										
VA		1	\$500,000,000	1	\$550,000	0	0		✓	
WA										
WV										
WI										

Έχ. 19				APP)	ENDIX				
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									